

Case Number:	CM13-0025174		
Date Assigned:	11/20/2013	Date of Injury:	11/30/1990
Decision Date:	01/02/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is a licenced Doctor of Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 73 year old female who was involved in a work related injury on 11/30/1990. Her primary diagnoses are subluxation of cervical, thoracic, and lumbar vertebrae, chronic lumbar sprain/strain, and post surgical lumbar syndrome. The patient has had extensive chiropractic treatment in the past and continues to get chiropractic treatment for flareups. From the documentation, it appears that she has had two flareups in 2012 and two flare-ups in 2013. A prior modified certification on 5/14/2013, had provided one more chiropractic session to treat and evaluate the home exercise program so the claimant could be more independent. The prior review noted that the patient is not a candidate for manipulation because she has not been able to return to pre-flareup status with chiropractic care. The current request is for a flareup that started on 7/5/2013. Her pain is 8-9/10 and occurred from a slip on a wet floor. Her examination notes that she ahs muscle spasms and limited ROM. She has pain on palpation. Walking, sitting, standing, all exacerbate her pain. Getting dressed is very difficult. Very little prior history is available.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Eight chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to MTUS Chronic Pain guidelines, 1-2 visits can be certified for flareups every 4-6 weeks. The claimant has already had extensive chiropractic and this is not a request for an initial trial. Prior determinations have emphasized home exercise programs to help this claimant become more independent. Eight chiropractic visits greatly exceeds the recommended 1-2 visits. The request for eight chiropractic manipulation sessions is not medically necessary and appropriate.